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FORM APPROVED Division of Health Care Facilities (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: 02 - BOULEVARD TERRAACE NURSING AND PLAN OF CORRECTION HOME B. WING 03/05/2018 TN7502 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1530 MIDDLE TENNESSEE BLVD BOULEVARD TERRACE REHABILITATION AND MURFREESBORO, TN 37130 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 831 N 831 N 831 1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and 1. The 5 drywall patches fastened over maintain the condition of the physical plant and existing drywall with joints fire caulked in the overall nursing home environment in such a the ceiling of the outside boiler room were removed and replaced with proper drywall manner that the safety and well-being of the board, tape and mud by the Plant residents are assured. Operations Manger (POM) on 3/8/2018. 2. An audit was done on 3/20/2018 by the Plant Operations Manager (POM) to ensure the facility was in compliace with This Rule Is not met as evidenced by: N831 by assessing all ceilings through Based on observation, the facility falled to facility. No further discoveries were noted. maintain the physical plant and overall environment. Education was done on 3/20/2018 by facility Administrator with the Plant The findings included: Operations Manager and Plant Operations Assistant on the importance of proper Observation on 03/05/2018 at 12:45 AM, revealed ceiling drywall repairs. 5 improper drywall patches (drywall fastened over existing drywall with joints fire caulked) in the 4. Weekly audits will be done by the Plant ceiling of the outside boiler room. NFPA 101. Operations Manager (POM) or designee 8.3.1.2* (2012 Edition) NFPA 101, 8.3.4.1 (2012 to ensure any and all ceiling repairs are completed in compliance with NFPA 101, Edition) 8.3.1.2 *(2012 Edition) NFPA 101, 8.3.4.1 Maintenance staff was present when these (2012 Edition). deficiencies were identified and the administrator acknowledged these deficiencies during the exit Audit results will be reviewed at the conference on 03/05/2018. Quality Assurance Process Improvement meetings x 2 months, then re-evaluate 3/20/2018 need to continue monitoring therafter.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

(X6) DATE

STATE FORM

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